

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/517548</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		\$ <u>100</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>03--2775</u>	
REFUND COMPLETED PCT NATIONAL DIVISION			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>TAMARA HOLLAND</u>		TITLE: <u>Principal</u>	
SIGNATURE: <u>T. Holland</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>PCT</u>		<u>X209</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: